



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**CANDIDATE COMMITTEE  
COVER PAGE**

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From: 7 23 00 To: 8 28 00  
Mo Day Year Mo Day Year

1. Committee I.D. Number

150053

2. Committee Name

Committee to Elect  
Dennis W. Banaszak

4. Candidate Last Name

First Name

M.I.

Banaszak Dennis W

4a. Office Sought Including District # or Community Served (If applicable)

District 7 County Commissioner

4b. County of Residence

Driver License # (Optional)

Bay

5. Committee's Mailing Address

617 14th Bay City MI 48708

Area Code and Phone 517-893-8024

If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

6. Treasurer's Name & Residential Address

Candidate (same)

Area Code & Phone ( )

Driver License # (Optional)

7. Treasurer's Business Address

Candidate

Area Code and Phone ( )

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)

Candidate

Area Code and Phone ( )

Driver License # (Optional)

**9. TYPE OF STATEMENT**

9a. ☒ Pre-Election

OR

9b. ☒ Post-Election

Pre-Election or Post-Election Statement relates to:

☐ Primary

☐ General

☐ Convention

☐ School

☐ Special

☐ Caucus

Date of Election, Convention or Caucus

8 8 00  
Month Day Year

9c. ☐ Annual Statement ( ) Coverage Year

9d. ☐ Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)

9e. ☐ Dissolution of Candidate Committee

Effective Date of Dissolution

Month Day Year

By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Record Keeper

Dennis W. Banaszak  
Type or Print Name

Dennis W. Banaszak  
Signature

Date 9 7 00  
Mo Day Year

Candidate

Dennis W. Banaszak  
Type or Print Name

Dennis W. Banaszak  
Signature

Date 9 7 00  
Mo Day Year



MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

1. Committee I.D. Number 150053  
2. Committee Name Committee to Elect  
Dennis W. Banaszak

**SUMMARY PAGE**  
**CANDIDATE COMMITTEE**

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
<b>3. Contributions</b>			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>Ø</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>Ø</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>Ø</u>	(18.) \$ <u>550.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	<u>Ø</u>	(19.) \$ <u>Ø</u>
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$	<u>Ø</u>	(20.) \$ <u>550.00</u>
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	<u>Ø</u>	(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	<u>Ø</u>	(22.) \$
<b>EXPENDITURES</b>			
<b>8. Expenditures</b>			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>Ø</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	<u>Ø</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	<u>Ø</u>	
<b>9. TOTAL EXPENDITURES</b> (Add Line 8a + Line 8b + Line 8c)	(9.) \$	<u>Ø</u>	(23.) \$ <u>477.84</u>
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (Officeholders Only)			
<b>10. Disbursements</b>			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	<u>Ø</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	<u>Ø</u>	
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)	(11.) \$	<u>Ø</u>	(24.) \$ <u>Ø</u>
<b>DEBTS AND OBLIGATIONS</b>			
<b>12. Debts and Obligations</b>			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	<u>874.45</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	<u>Ø</u>	
<b>BALANCE STATEMENT</b>			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>72.16</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>Ø</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>72.16</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>Ø</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>72.16</u>	

NOTE: Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000.00 Reporting Waiver threshold.

All required schedules must be included with this statement. \*If your ending balance is negative, please recheck your math.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**CANDIDATE COMMITTEE  
COVER PAGE**

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From: 12-31-99 To: 7-23-00  
Mo Day Year Mo Day Year

1. Committee I.D. Number 150053

2. Committee Name  
Committee to Elect  
Dennis W. Banaszak

4. Candidate Last Name Banaszak First Name Dennis M.I. W.

4a. Office Sought Including District # or Community Served (If applicable)  
District 7 County Commissioner

4b. County of Residence Bay Driver License # (Optional)

5. Committee's Mailing Address  
6017 14th Bay City, MI 48708  
Area Code and Phone (517) 893-8024

If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

6. Treasurer's Name & Residential Address  
Candidate (Same)

Area Code & Phone ( )

Driver License # (Optional)

7. Treasurer's Business Address

Candidate

Area Code and Phone ( )

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)

Candidate

Area Code and Phone ( )

Driver License # (Optional)

**9. TYPE OF STATEMENT**

9a. ☒ Pre-Election OR 9b. ☐ Post-Election

Pre-Election or Post-Election Statement relates to:

☒ Primary ☐ General  
☐ Convention ☐ School  
☐ Special ☐ Caucus

Date of Election, Convention or Caucus

8 8 00  
Month Day Year

9c. ☐ Annual Statement ( Coverage Year)

9d. ☐ Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)

9e. ☐ Dissolution of Candidate Committee

Effective Date of Dissolution

Month Day Year

By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Record keeper Dennis W. Banaszak Dennis W. Banaszak Date 8 01 2000  
Type or Print Name Signature Mo Day Year

Candidate Dennis W. Banaszak Dennis W. Banaszak Date 8 01 2000  
Type or Print Name Signature Mo Day Year



MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

1. Committee I.D. Number 150053  
2. Committee Name Committee to Elect  
Dennis W. Banaszak

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
<b>3. Contributions</b>			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>550.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>0</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>550.00</u>	(18.) \$
<b>4. Other Receipts (Schedule 1A -1, Column 6)</b>	(4.) \$	<u>0</u>	(19.) \$
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$	<u>550.00</u>	(20.) \$
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>			
<b>6. In-Kind Contributions (Schedule 1-IK, Column 7)</b>	(6.) \$	<u>0</u>	(21.) \$
<b>7. In-Kind Expenditures (Schedule 1B-IK, Column 6)</b>	(7.) \$	<u>0</u>	(22.) \$
<b>EXPENDITURES</b>			
<b>8. Expenditures</b>			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>477.84</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	<u>0</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	<u>0</u>	
<b>9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)</b>	(9.) \$	<u>477.84</u>	(23.) \$
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (Officeholders Only)			
<b>10. Disbursements</b>			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	<u>0</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	<u>0</u>	
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)	(11.) \$	<u>0</u>	(24.) \$
<b>DEBTS AND OBLIGATIONS</b>			
<b>12. Debts and Obligations</b>			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	<u>874.45</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	<u>0</u>	
<b>BALANCE STATEMENT</b>			
<b>13. Ending Balance of last report filed</b> (Enter zero if no previous reports have been filed.)	(13.) \$	<u>0</u>	
<b>14. Amount received during reporting period</b> (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>550.00</u>	
	(15.) = \$	<u>550.00</u>	
<b>15. SUBTOTAL Add lines 13 and 14</b>		<u>550.00</u>	
<b>16. Amount expended during reporting period</b> (Add lines 9 and 11)	(16.) - \$	<u>477.84</u>	
<b>17. ENDING BALANCE</b> (Subtract line 16 from line 15)	(17.) \$	<u>72.16</u>	

NOTE: Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000.00 Reporting Waiver threshold.

All required schedules must be included with this statement. \*If your ending balance is negative, please recheck your math.



MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number

150053

2. Committee Name

Committee to Elect Dennis W. Bawosz

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report <u>all</u> contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt		
Name: Bay County Republican Party		\$500.00	
Address: 5295 Baxman Bay City MI 48706			
5. If over \$100.00 cumulative, please provide:			
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt		
Name: Thomas W. Niemann		\$50.00	
Address: 4058 Allen Ct. Bay City MI 48706			
5. If over \$100.00 cumulative, please provide:			
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt		
Name:			
Address:			
5. If over \$100.00 cumulative, please provide:			
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt		
Name:			
Address:			
5. If over \$100.00 cumulative, please provide:			
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal  
Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

\$550.00  
\$550.00

Enter this total on  
line 3a of  
Summary Page



MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE

1. Committee I. D. Number

150053

2. Committee Name

Committee to Elect Dennis W. Bonaszak

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>Sf. Stans Athletic Club</u> Address <u>St. Stans Court</u> <u>Bay City, MI 48708</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Advertising</u> Expenditure Code <u>NF</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/23</u>	<u>\$25.00</u>
Expenditure #2 Name <u>Pizza Express</u> Address <u>1614 Kosciuszko</u> <u>Bay City, MI 48708</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Pizza</u> Expenditure Code <u>FE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/14</u>	<u>\$106.00</u>
Expenditure #3 Name <u>State Theater</u> Address <u>913 Washington</u> <u>Bay City, MI 48708</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Rental</u> Expenditure Code <u>RE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/14</u>	<u>\$100.00</u>
Expenditure #4 Name <u>U.S. Post Office</u> Address <u>Bay City</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Stamps</u> Expenditure Code <u>MA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/9</u>	<u>\$198.00</u>
Expenditure #5 Name <u>Officemax #1098</u> Address <u>4140 Wilder Road</u> <u>Bay City, MI 48706</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Flyer Copies</u> Expenditure Code <u>PA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/10</u>	<u>\$28.62</u>
Subtotal this page Grand Total of all Schedules 1B (Complete on last page of Schedule)			<u>\$457.62</u>

Enter this total  
on line 8a of  
Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES



MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE

1. Committee I. D. Number

150053

2. Committee Name

Committee to Elect Dennis W. Banaszak

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>Mid Michigan Music</u> Address <u>716 Washington</u> <u>Bay City, MI 48708</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Cables</u> Expenditure Code <u>EQ</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/14</u>	<u>20.22</u>
Expenditure #2 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		

Subtotal this page  
Grand Total of all Schedules 1B  
(Complete on last page of Schedule)

20.22  
\$477.84

Enter this total  
on line 8a of  
Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES



MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

**DEBTS AND OBLIGATIONS**  
**SCHEDULE 1E**  
**CANDIDATE COMMITTEE**

1. Committee I.D. Number 150053  
2. Committee Name Committee to Elect Dennis W. Banaszak

This Schedule itemizes:

- a. ☒ Debts and obligations owed by or forgiven the committee OR b. ☐ Debts and obligations owed to or forgiven by the committee.  
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed.  Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Indicate type and you may assign an expenditure code) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Owed to or by: <u>Dennis W. Banaszak</u> Corp? <input type="checkbox"/> Yes	4. Type: _____ Code _____ 5. <u>Date Debt Was Incurred:</u> <u>12-31-99</u> 6. <u>Original Amount of Debt:</u> \$ <u>874.45</u>	<u>   </u> / <u>   </u> / <u>   </u> \$ <u>   </u> / <u>   </u> / <u>   </u> \$ <u>   </u> / <u>   </u> / <u>   </u> \$ <u>   </u> / <u>   </u> / <u>   </u> \$ <u>   </u> / <u>   </u> / <u>   </u> \$	\$ <u>Ø</u>	\$ <u>874.45</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #2 Owed to or by: Corp? <input type="checkbox"/> Yes	4. Type: _____ Code _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	<u>   </u> / <u>   </u> / <u>   </u> \$ <u>   </u> / <u>   </u> / <u>   </u> \$ <u>   </u> / <u>   </u> / <u>   </u> \$ <u>   </u> / <u>   </u> / <u>   </u> \$ <u>   </u> / <u>   </u> / <u>   </u> \$	\$ _____	<input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #3 Owed to or by: Corp? <input type="checkbox"/> Yes	4. Type: _____ Code _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	<u>   </u> / <u>   </u> / <u>   </u> \$ <u>   </u> / <u>   </u> / <u>   </u> \$ <u>   </u> / <u>   </u> / <u>   </u> \$ <u>   </u> / <u>   </u> / <u>   </u> \$ <u>   </u> / <u>   </u> / <u>   </u> \$	_____	<input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		

Page Subtotal (Outstanding debt)

Grand Total of all Schedules 1E  
(Complete on last page of Schedule showing amounts owed by or to the committee)

874.45  
874.45

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

**PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES**

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.





MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

CANDIDATE COMMITTEE  
COVER PAGE

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Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From: 1/1/1999 To: 12/31/1999  
Mo Day Year Mo Day Year

1. Committee I.D. Number

150053

4. Candidate Last Name

BANASZAK

First Name

DENNIS

M.I.

W

2. Committee Name

COMMITTEE TO ELECT DENNIS W.  
BANASZAK 7TH DISTRICT COUNTY  
COMMISSIONER

4a. Office Sought Including District # or Community Served (If applicable)

COUNTY COMMISSIONER - 7TH DISTRICT

4b. County of Residence

BAY

Driver License # (Optional)

5. Committee's Mailing Address

617 14TH STREET

BAY CITY, MI 48708

Area Code and Phone (517) 893-8024

If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

6. Treasurer's Name & Residential Address

CANDIDATE

Area Code & Phone \_\_\_\_\_

Driver License # (Optional) \_\_\_\_\_

7. Treasurer's Business Address

SAME AS ABOVE

Area Code and Phone ( ) - \_\_\_\_\_

8. Designated Recordkeeper's Name and Mailing Address (If the committee has a Designated Recordkeeper)

SAME AS ABOVE

Area Code and Phone ( ) - \_\_\_\_\_

Driver License # (Optional) \_\_\_\_\_

9. TYPE OF STATEMENT

9a. ☐ Pre-Election

OR

9b. ☐ Post-Election

Pre-Election or Post-Election Statement relates to:

☐ Primary

☐ General

☐ Convention

☐ School

☐ Special

☐ Caucus

Date of Election, Convention or Caucus

Month Day Year

9c. ☒ Annual Statement (19 99 Coverage Year)

9d. ☐ Amendment to Campaign Statement (Complete Item 9a, 9b, or 9c to indicate which Statement is being amended)

9e. ☐ Dissolution of Candidate Committee

Effective Date of Dissolution

Month Day Year

By checking this item, I/we certify that the committee has no assets or outstanding debts, including late filing fees. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement can not be waived.

10. Verification: I/we certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Recordkeeper Dennis W. Banaszak  
Type or Print Name

Signature

Date 1 31 2000  
Mo Day Year

Candidate Dennis W. Banaszak  
Type or Print Name

Signature

Date 1 31 2000  
Mo Day Year

Authority granted under P.A. 388 of 1976



MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

1. Committee I.D. Number

150058

2. Committee Name

Committee to Elect Dennis W. Banaszak  
7th District County Commissioner

SUMMARY PAGE  
CANDIDATE COMMITTEE

RECEIPTS

Column I  
This Period

Column II  
Cumulative this election cycle

3. Contributions

a. Itemized (Schedule 1A - Column 6)

(3a.) \$ 0

b. Unitemized (less than \$20.01 each - no Schedule)

(3b.) \$ 0

c. Subtotal of "Contributions"

(3c.) \$ 0

(18.) \$

4. Other Receipts (Schedule 1A -1, Column 6)

(4.) \$ 0

(19.) \$

5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS  
(Add Line 3c + Line 4)

(5.) \$ 0

(20.) \$

IN-KIND CONTRIBUTIONS & EXPENDITURES

6. In-Kind Contributions (Schedule 1-IK, Column 7)

(6.) \$ 0

(21.) \$

7. In-Kind Expenditures (Schedule 1B-IK, Column 6)

(7.) \$ 0

(22.) \$

EXPENDITURES

8. Expenditures

a. Itemized (Schedule 1B, Column 6)

(8a.) \$ 0

b. Itemized Get-Out-the-Vote (Schedule B-G)

(8b.) \$ 0

c. Unitemized (less than \$50.01 each - no Schedule)

(8c.) \$ 0

9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)

(9.) \$ 0

(23.) \$

INCIDENTAL EXPENSE DISBURSEMENTS

(Officeholders Only)

10. Disbursements

a. Itemized (Schedule 1C, Column 6)

(10a.) \$ 0

b. Unitemized (less than \$50.01 each - no Schedule)

(10b.) \$ 0

11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS  
(Add Line 10a + Line 10b)

(11.) \$ 0

(24.) \$

DEBTS AND OBLIGATIONS

12. Debts and Obligations

a. Owed by the Committee (Schedule 1E)

(12a.) \$ 874.45

b. Owed to the Committee (Schedule 1E)

(12b.) \$

BALANCE STATEMENT

13. Ending Balance of last report filed  
(Enter zero if no previous reports have been filed.)

(13.) \$ 196.70

14. Amount received during reporting period  
(Line 5, Total Contributions & Other Receipts)

(14.) + 0

15. SUBTOTAL Add lines 13 and 14

(15.) = 196.70

16. Amount expended during reporting period  
(Add lines 9 and 11)

(16.) - 191.70 (see 1E)

17. ENDING BALANCE

(Subtract line 16 from line 15)

(17.) \$ 5

NOTE: Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000.00 Reporting Waiver threshold.

All required schedules must be included with this statement. \*If your ending balance is negative, please recheck your math.



1. Committee I.D. Number 150058

2. Committee Name Committee to Elect Dennis W. Baroszak 4th District County Commissioner

a. ☐ Debts and obligations owed by or forgiven the committee OR b. ☐ Debts and obligations owed to or forgiven by the committee.  
(Check either a or b. Use only for the purpose checked.)

If either of the debts listed above is a loan, please provide the following information regarding the ENDORSER or GUARANTOR of the loan, if any:  
Please check one box to indicate which debt the following information applies to: ☐ DEBT #1 or ☐ DEBT #2

Business Address of Endorsor or Guarantor

Enter this total on  
line 12a "owed  
by", or line 12b  
"owed to" of the  
Summary Page



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

CANDIDATE COMMITTEE  
COVER PAGE

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From: 10-23-98 To: 12-3-98  
Mo Day Year Mo Day Year

1. Committee I.D. Number

150053

4. Candidate Last Name

First Name

M.I.

Banaszak Dennis W

4a. Office Sought Including District # or Community Served (If applicable)

District 7 County Commissioner

4b. County of Residence

Driver License # (Optional)

Bay

5. Committee's Mailing Address

617 14th Street  
Bay City, MI 48708  
Area Code and Phone (517) 893-8024

If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

6. Treasurer's Name & Residential Address

Candidate

Area Code & Phone \_\_\_\_\_

Driver License # (Optional) \_\_\_\_\_

7. Treasurer's Business Address

Same

Area Code and Phone ( ) - \_\_\_\_\_

8. Designated Recordkeeper's Name and Mailing Address (If the committee has a Designated Recordkeeper)

Area Code and Phone ( ) - \_\_\_\_\_

Driver License # (Optional) \_\_\_\_\_

9. TYPE OF STATEMENT

9a. ☐ Pre-Election

OR

9b. ☒ Post-Election

Pre-Election or Post-Election Statement relates to:

☐ Primary

☐ Convention

☐ Special

☒ General

☐ School

☐ Caucus

Date of Election, Convention or Caucus

11 3 98  
Month Day Year

9c. ☐ Annual Statement (19\_\_\_\_ Coverage Year)

9d. ☐ Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)

9e. ☐ Dissolution of Candidate Committee

Effective Date of Dissolution

Month Day Year

By checking this item, I/we certify that the committee has no assets or outstanding debts, including late filing fees. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement can not be waived.

10. Verification: I/we certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Recordkeeper

Dennis W. Banaszak Dennis W. Banaszak  
Type or Print Name Signature

Date 12-2-98  
Mo Day Year

Candidate

Dennis W. Banaszak Dennis W. Banaszak  
Type or Print Name Signature

Date 12-2-98  
Mo Day Year

Authority granted under P.A. 388 of 1976



MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

1. Committee I.D. Number 150058

2. Committee Name

Committee to Elect Dennis W.  
Parascak 7th District County Commissioner

SUMMARY PAGE  
CANDIDATE COMMITTEE

RECEIPTS

3. Contributions

a. Itemized (Schedule 1A - Column 6) (3a.) \$ 0  
b. Unitemized (less than \$20.01 each - no Schedule) (3b.) \$ 20.00  
c. Subtotal of "Contributions" (3c.) \$ 20.00  
4. Other Receipts (Schedule 1A -1, Column 6) (4.) \$ 0  
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (5.) \$ 20.00  
(Add Line 3c + Line 4)

IN-KIND CONTRIBUTIONS & EXPENDITURES

6. In-Kind Contributions (Schedule 1-IK, Column 7) (6.) \$ 0  
7. In-Kind Expenditures (Schedule 1B-IK, Column 6) (7.) \$ 0

EXPENDITURES

8. Expenditures  
a. Itemized (Schedule 1B, Column 6) (8a.) \$ 0  
b. Itemized Get-Out-the-Vote (Schedule B-G) (8b.) \$ 0  
c. Unitemized (less than \$50.01 each - no Schedule) (8c.) \$ 0  
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c) (9.) \$ 0

INCIDENTAL EXPENSE DISBURSEMENTS

(Officeholders Only)

10. Disbursements  
a. Itemized (Schedule 1C, Column 6) (10a.) \$ 0  
b. Unitemized (less than \$50.01 each - no Schedule) (10b.) \$ 0  
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (11.) \$ 0  
(Add Line 10a + Line 10b)

DEBTS AND OBLIGATIONS

12. Debts and Obligations  
a. Owed by the Committee (Schedule 1E) (12a.) \$ 1066.15  
b. Owed to the Committee (Schedule 1E) (12b.) \$ 0

BALANCE STATEMENT

13. Ending Balance of last report filed (13.) \$ 171.70  
(Enter zero if no previous reports have been filed.)  
14. Amount received during reporting period (14.) + 20.00  
(Line 5, Total Contributions & Other Receipts)  
15. SUBTOTAL Add lines 13 and 14 (15.) = 191.70  
16. Amount expended during reporting period (16.) - 0  
(Add lines 9 and 11)  
17. ENDING BALANCE (17.) \$ 191.70  
(Subtract line 16 from line 15)

Column II  
Cumulative this election cycle

(18.) \$ \_\_\_\_\_

(19.) \$ \_\_\_\_\_

(20.) \$ \_\_\_\_\_

(21.) \$ \_\_\_\_\_

(22.) \$ \_\_\_\_\_

(23.) \$ \_\_\_\_\_

(24.) \$ \_\_\_\_\_

NOTE: Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000.00 Reporting Waiver threshold.

All required schedules must be included with this statement. \*If your ending balance is negative, please recheck your math.

**DEBTS AND OBLIGATIONS  
SCHEDULE 1E  
CANDIDATE COMMITTEE**

1. Committee I.D. Number

150053

## 2. Committee Name

2. Committee Name Committee to Elect Dennis W. Bonaszak  
7th District County Commissioner

**This Schedule itemizes:**

a. ☒ Debts and obligations owed by or forgiven the committee                      OR                      b. ☐ Debts and obligations owed to or forgiven by the committee.  
(Check either a or b. Use only for the purpose checked.)

<p>3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed.</p> <p>Check box to indicate whether debt is owed to an incorporated business. If debt is a loan, please provide the requested information regarding the endorsers or guarantors, if any.</p>	<p>4. Type of Obligation (Please indicate type and you may assign an expenditure code)</p> <p>5. Indicate date debt was incurred</p> <p>6. Indicate original amount of debt</p>	<p>7. Date and amount of each payment</p>	<p>8. Cumulative payment to date on debt</p>	<p>9. Outstanding Balance at close of this period (Item 6 minus Item 8)</p>
<p>Debt #1 Corp? <input type="checkbox"/> Yes</p> <p>Owed to or by:</p> <p><u>Dennis W. Banaszak</u></p> <p><u>617 14th Street</u></p> <p><u>Bay City, MI 48708</u></p>	<p>4. Type: _____</p> <p>Code _____</p> <p>5. <u>Date Debt Was Incurred:</u></p> <p>6. <u>Original Amount of Debt:</u></p> <p>\$ _____</p>	<p><u>10/6/98 \$ 224.95</u></p> <p><u>9/24/98 \$ 237.59</u></p> <p><u>10/24/98 \$ 603.61</u></p> <p>_____/_____/_____ \$ _____</p> <p>_____/_____/_____ \$ _____</p>	<p>Ø</p>	<p>[ ] FORGIVEN</p>
<p>Debt #2 Corp? <input type="checkbox"/> Yes</p> <p>Owed to or by:</p> <p>_____</p> <p>_____</p>	<p>4. Type: _____</p> <p>Code _____</p> <p>5. <u>Date Debt Was Incurred:</u></p> <p>6. <u>Original Amount of Debt:</u></p> <p>\$ _____</p>	<p>_____/_____/_____ \$ _____</p> <p>_____/_____/_____ \$ _____</p> <p>_____/_____/_____ \$ _____</p> <p>_____/_____/_____ \$ _____</p> <p>_____/_____/_____ \$ _____</p>	<p>Ø</p>	<p>\$1066.15</p> <p>[ ] FORGIVEN</p>

If either of the debts listed above is a loan, please provide the following information regarding the ENDORSER or GUARANTOR of the loan, if any:  
Please check one box to indicate which debt the following information applies to: ☐ DEBT #1 or ☐ DEBT #2

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**If amount endorsed or guaranteed is over \$100, please provide:**

Occupation of Endorser or Guarantor \_\_\_\_\_ Employer of Endorser or Guarantor \_\_\_\_\_

Business Address of Endorsor or Guarantor \_\_\_\_\_

Page Subtotal (Outstanding debt)  
Grand Total of all Schedules 1E

(Complete on last page of Schedule showing amounts owed by or to the committee.)

**PLEASE REFER TO PAGES 40 & 41 FOR LISTING OF EXPENDITURE CODES**

**A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.**

Page \_\_\_\_\_ of \_\_\_\_\_  
CFR REV 11/95

Authority granted under P.A. 388 of 1976

Enter this total on  
line 12a "owed  
by", or line 12b  
"owed to" of the  
Summary Page



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

CANDIDATE COMMITTEE  
COVER PAGE

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by  
the treasurer (or designated record keeper) and candidate.

3. This Statement covers From: 8-1-98 To: 10-23-98  
Mo Day Year Mo Day Year

1. Committee I.D. Number

150053

4. Candidate Last Name First Name M.I.

Banaszak Dennis W

4a. Office Sought Including District # or Community Served (If applicable)

District 7 County Commissioner

4b. County of Residence Driver License # (Optional)

Bay County

2. Committee Name Committee to elect  
Dennis W. Banaszak 7th  
District County Commissioner

5. Committee's Mailing Address

617 14th St. Bay City MI  
48708  
Area Code and Phone 517-893-8024

If the address in this box is different from the committee  
mailing address on the Statement of Organization, mail may be  
sent to this address by the filing official.

6. Treasurer's Name & Residential Address

Candidate

Area Code & Phone \_\_\_\_\_

Driver License # (Optional) \_\_\_\_\_

7. Treasurer's Business Address

Same

Area Code and Phone ( ) - \_\_\_\_\_

8. Designated Recordkeeper's Name and Mailing Address (If the committee has a Designated  
Recordkeeper)

Area Code and Phone ( ) - \_\_\_\_\_

Driver License # (Optional) \_\_\_\_\_

9. TYPE OF STATEMENT

9a. ☒ Pre-Election OR 9b. ☐ Post-Election

Pre-Election or Post-Election Statement relates to:

- ☐ Primary ☒ General  
☐ Convention ☐ School  
☐ Special ☐ Caucus

Date of Election, Convention or Caucus

11 3 98  
Month Day Year

9c. ☐ Annual Statement (19\_\_\_\_ Coverage Year)

9d. ☐ Amendment to Campaign Statement (Complete Item 9a, 9b, 9c  
or 9e to indicate which Statement is being amended)

9e. ☐ Dissolution of Candidate Committee

Effective Date of Dissolution

Month Day Year

By checking this item, I/We certify that the committee has no assets or  
outstanding debts, including late filing fees. Note: The disposition of  
residual funds must be reported on Schedule 1B and the Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules.  
Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold.  
If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an  
amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before  
the filing deadline of a required campaign statement, that campaign statement can not be waived.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our  
knowledge and belief the contents are true, accurate and complete.

Current Treasurer or  
Designated Recordkeeper

Type or Print Name

Dennis W. Banaszak

Signature

Dennis W. Banaszak

Mo

Day

Year

Date 10-22-98

Candidate

Type or Print Name

Dennis W. Banaszak

Signature

Dennis W. Banaszak

Mo

Day

Year

Date 10-22-98

Authority granted under P.A. 388 of 1976

MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

1. Committee I.D. Number 150058

2. Committee Name

Committee to Elect Dennis W.  
Banaszak 7th District County Commissioner

SUMMARY PAGE  
CANDIDATE COMMITTEE

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>1666.15</u>	(18.) \$ _____
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>55</u>	(19.) \$ _____
c. Subtotal of "Contributions"	(3c.) \$ <u>1721.15</u>	(20.) \$ _____
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0</u>	(21.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>1721.15</u>	(22.) \$ _____
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>0</u>	(21.) \$ _____
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0</u>	(22.) \$ _____
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>1549.45</u>	
b. Itemized Get-Out-the-Vote (Schedule B-G)	(8b.) \$ <u>0</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>0</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>1549.45</u>	(23.) \$ _____
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>0</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>0</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>0</u>	(24.) \$ _____
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>1066.15</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ _____	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>0</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + <u>1721.15</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = <u>1721.15</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - <u>1549.45</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>171.70</u>	

NOTE: Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000.00 Reporting Waiver threshold.

All required schedules must be included with this statement. \*If your ending balance is negative, please recheck your math.





MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 1500 53  
2. Committee Name Committee to Elect Dennis W. Banaszak 7th District County Commissioner

Enter contributor's name and address. If contribution is from an individual and the amount is \$20.01 or more, Enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (Both are commonly called PACs.) Report all contributions from committees regardless of amount.

6. Amount

7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES

4. Date of Receipt 10/6/98

Name: Candidate  
Address:

5. If over \$100.00 cumulative, please provide:

Occupation CAD Tech Employer RC Engineering

Business Address

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser  
☐ Itemized on Supplemental Itemization Schedule RI

224.95

3. Contribution #2 PAC Receipt? ☐ YES

4. Date of Receipt 9/24/98

Name: Candidate  
Address:

5. If over \$100.00 cumulative, please provide:

Occupation CAD Tech Employer RC Engineering

Business Address

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser  
☐ Itemized on Supplemental Itemization Schedule RI

237.59

462.54

3. Contribution # 3 PAC Receipt? ☐ YES

4. Date of Receipt 10/22/98

Name: Candidate  
Address:

5. If over \$100.00 cumulative, please provide:

Occupation CAD Tech Employer Rc Engineering

Business Address

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser  
☐ Itemized on Supplemental Itemization Schedule RI

603.61

1066.15

3. Contribution # 4 PAC Receipt? ☐ YES

4. Date of Receipt

Name:  
Address:

5. If over \$100.00 cumulative, please provide:

Occupation Employer

Business Address

Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser  
☐ Itemized on Supplemental Itemization Schedule RI

Page Subtotal  
Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

1066.15

~~1066.15~~



MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 150053  
2. Committee Name Committee to Elect Dennis W. Banaszak  
District 7 County Commissioner

Enter contributor's name and address. If contribution is from an individual and the amount is \$20.01 or more, Enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (Both are commonly called PACs.) Report all contributions from committees regardless of amount.

6. Amount

7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution #1 PAC Receipt? ☒ YES 4. Date of Receipt 9-23-98

Name: Bay County Republican Party  
Address: 3283

5. If over \$100.00 cumulative, please provide:

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser  
☐ Itemized on Supplemental Itemization Schedule RI

\$500.00

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 9-7-98

Name: Charles Mead  
Address: 3283 Paulan

5. If over \$100.00 cumulative, please provide:

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser  
☐ Itemized on Supplemental Itemization Schedule RI

\$50.00

3. Contribution #3 PAC Receipt? ☐ YES 4. Date of Receipt 10-10-98

Name: Joyce Benchley  
Address: 4839 3mile

5. If over \$100.00 cumulative, please provide:

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser  
☐ Itemized on Supplemental Itemization Schedule RI tickets

\$50.00

3. Contribution #4 PAC Receipt? ☐ YES 4. Date of Receipt \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_

5. If over \$100.00 cumulative, please provide:

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser  
☐ Itemized on Supplemental Itemization Schedule RI

Page Subtotal

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

\$600.00

\$1721.15



MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE

1. Committee I. D. Number 150058  
2. Committee Name Committee to Elect Dennis W. Banascak

3. Name and address of person or vendor to whom paid if the amount paid is \$50.01 or more.	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
<b>Expenditure #1</b> Name <u>Clerks Office City Hall</u> Street Address <u>300 Washington</u> <u>Bay City MI 48708</u> City _____ State _____ Zip Code _____	Purpose: <u>AV labels</u> Expenditure Code <u>MA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Detail is Itemized on Schedule SI	<u>8/24/98</u>  ✓	<u>38.30</u>
<b>Expenditure #2</b> Name <u>Bay City Times</u> Street Address <u>311 5th Street</u> <u>Bay City MI 48708</u> City _____ State _____ Zip Code _____	Purpose: <u>Target Flyer</u> Expenditure Code <u>SA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Detail is Itemized on Schedule SI	<u>10/6/98</u>  ✓	<u>285.00</u>
<b>Expenditure #3</b> Name <u>Dirla Studios</u> Street Address <u>1711 S. Verona</u> <u>Bay City MI 48706</u> City _____ State _____ Zip Code _____	Purpose: <u>Photographs</u> Expenditure Code <u>CN</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Detail is Itemized on Schedule SI	<u>10/6/98</u>   <u>cc</u>	<u>224.95</u>
<b>Expenditure #4</b> Name <u>Great Lakes Printing</u> Street Address <u>1215 Columbus</u> <u>Bay City MI 48708</u> City _____ State _____ Zip Code _____	Purpose: <u>AV Post Cards</u> Expenditure Code <u>MA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Detail is Itemized on Schedule SI	<u>9/24/98</u>   <u>cc</u>	<u>237.59</u>
<b>Expenditure #5</b> Name <u>Great Lakes Printing</u> Street Address <u>1215 Columbus</u> <u>Bay City MI 48708</u> City _____ State _____ Zip Code _____	Purpose: <u>Door Hangers</u> Expenditure Code <u>SA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Detail is Itemized on Schedule SI	<u>10/22/98</u>   <u>cc</u>	<u>603.61</u>

#6 U.S.P.S. Stamps (for AV) 160.00 ✓

Subtotal this page  
Grand Total of all Schedules 1B  
(Complete on last page of Schedule)

1549.45

Enter this total  
on line 8a of  
Summary Page



MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

DEBTS AND OBLIGATIONS  
SCHEDULE 1E  
CANDIDATE COMMITTEE

1. Committee I.D. Number 150053  
2. Committee Name Committee to Elect Dennis W. Banaszak 7th District County Commissioner

This Schedule itemizes:

- a. ☒ Debts and obligations owed by or forgiven the committee OR b. ☐ Debts and obligations owed to or forgiven by the committee.  
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed.  Check box to indicate whether debt is owed to an incorporated business. If debt is a loan, please provide the requested information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Please indicate type and you may assign an expenditure code) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Owed to or by: <u>Dennis W. Banaszak</u> <u>617 14th Street</u> <u>Bay City, MI 48708</u> Corp? <input type="checkbox"/> Yes	4. Type: _____ Code _____ 5. Date Debt Was Incurred: _____ 6. Original Amount of Debt: \$ _____	<u>10/6/98 \$ 224.95</u> <u>9/24/98 \$ 237.59</u> <u>10/22/98 \$ 603.61</u> _____ _____ _____	<u>Ø</u>	<u>Ø</u> [ ] FORGIVEN
Debt #2 Owed to or by: <u>Dennis W. Banaszak</u> <u>617 14th Street</u> <u>Bay City, MI 48708</u> Corp? <input type="checkbox"/> Yes	4. Type: _____ Code _____ 5. Date Debt Was Incurred: _____ 6. Original Amount of Debt: \$ _____	_____ _____ _____ _____ _____ _____	<u>Ø</u>	<u>*1066.15</u> [ ] FORGIVEN

If either of the debts listed above is a loan, please provide the following information regarding the ENDORSER or GUARANTOR of the loan, if any:  
Please check one box to indicate which debt the following information applies to: ☐ DEBT #1 or ☐ DEBT #2

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
If amount endorsed or guaranteed is over \$100, please provide:  
Occupation of Endorser or Guarantor \_\_\_\_\_ Employer of Endorser or Guarantor \_\_\_\_\_  
Business Address of Endorser or Guarantor \_\_\_\_\_ Amount Endorsed or Guaranteed: \$ \_\_\_\_\_

Page Subtotal (Outstanding debt)  
Grand Total of all Schedules 1E  
(Complete on last page of Schedule showing amounts owed by or to the committee.)

PLEASE REFER TO PAGES 40 & 41 FOR LISTING OF EXPENDITURE CODES

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

Page \_\_\_\_\_ of \_\_\_\_\_  
CFR REV 11/95

Authority granted under P.A. 388 of 1976

1066.15  
Enter this total on line 12a "owed by", or line 12b "owed to" of the Summary Page



MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

FUND RAISER  
SCHEDULE 1F  
CANDIDATE COMMITTEE

1. Committee I.D. Number 1500 53  
2. Committee Name Committee to Elect Dennis W. Banasak  
District 7 County Commissioner

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held  10    10    98 Month    Day    Year	4. Number of Individuals Attending or Participating (whichever is greater)  8	5. Type of Fund Raising Activity  Birthday Party Fund Raiser	6. Address and Name (if any) of the place where the activity was held Garfield Manor 1104 Fitzhugh <input type="checkbox"/> Private Residence
--	---	---	--

7. Total Contributions of \$20.00 or less 55.00

8. Total Contributions of \$20.01 or more 50.00

9. SUBTOTAL (Add lines 7 and 8) ~~105~~ 155.00

10. Other Receipts 0

11. Gross Receipts (Add lines 9 and 10) 155.00

12. Total Cost of Event\* 0

\*Includes In-Kind Contributions and All Expenditures Made For the Event

13. ☐ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

CANDIDATE COMMITTEE  
COVER PAGE

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From: 8-1-98 To: 10-23-98  
Mo Day Year Mo Day Year

1. Committee I.D. Number

150053

4. Candidate Last Name First Name M.I.

Banaszak Dennis W.

2. Committee Name Committee to Elect  
Dennis W. Banaszak 7th  
District County Commissioner

4a. Office Sought Including District # or Community Served (If applicable)

District 7 County Commissioner

4b. County of Residence

Driver License # (Optional)

Bay County

5. Committee's Mailing Address

617 14th Street  
Bay City MI 48708  
Area Code and Phone (517) 893-8024

If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

6. Treasurer's Name & Residential Address

Candidate

Area Code & Phone \_\_\_\_\_

Driver License # (Optional) \_\_\_\_\_

7. Treasurer's Business Address

Same

Area Code and Phone ( ) -

8. Designated Recordkeeper's Name and Mailing Address (If the committee has a Designated Recordkeeper)

Area Code and Phone ( ) -

Driver License # (Optional) \_\_\_\_\_

9. TYPE OF STATEMENT

9a. ☒ Pre-Election

OR

9b. ☐ Post-Election

Pre-Election or Post-Election Statement relates to:

☐ Primary

☐ Convention

☐ Special

☒ General

☐ School

☐ Caucus

Date of Election, Convention or Caucus

11 3 98  
Month Day Year

9c. ☐ Annual Statement (19\_\_\_\_ Coverage Year)

9d. ☒ Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)

9e. ☐ Dissolution of Candidate Committee

Effective Date of Dissolution

Month Day Year

By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement can not be waived.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Recordkeeper

Dennis W. Banaszak  
Type or Print Name

Dennis W. Banaszak  
Signature

Date 10 26 98  
Mo Day Year

Candidate

Dennis W. Banaszak  
Type or Print Name

Signature

Date 10 26 98  
Mo Day Year

Authority granted under P.A. 388 of 1976



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

CANDIDATE COMMITTEE  
COVER PAGE

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From: 6-18-97 To: 9-4-97  
Mo Day Year Mo Day Year

1. Committee I.D. Number

150053

2. Committee Name

Committee to elect Banaszak  
Mayor

4. Candidate Last Name

First Name

M.I.

Banaszak Dennis W

4a. Office Sought Including District # or Community Served (If applicable)

Mayor of Bay City

4b. County of Residence

Driver License # (Optional)

Bay

5. Committee's Mailing Address

617 14th St.  
Bay City, MI 48708

Area Code and Phone (517) 893-8024

If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

6. Treasurer's Name & Residential Address

Candidate

Area Code & Phone

Driver License # (Optional)

7. Treasurer's Business Address

Same

Area Code and Phone ( ) -

8. Designated Recordkeeper's Name and Mailing Address (If the committee has a Designated Recordkeeper)

Candidate

Area Code and Phone ( ) -

Driver License # (Optional)

9. TYPE OF STATEMENT

9a. ☐ Pre-Election

OR

9b. ☒ Post-Election

Pre-Election or Post-Election Statement relates to:

☒ Primary

☐ Convention

☐ Special

☐ General

☐ School

☐ Caucus

Date of Election, Convention or Caucus

8 5 97  
Month Day Year

9c. ☐ Annual Statement (19\_\_ Coverage Year)

9d. ☐ Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)

9e. ☐ Dissolution of Candidate Committee

Effective Date of Dissolution

9 4 97  
Month Day Year

By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement can not be waived.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or  
Designated Recordkeeper

Type or Print Name

Signature

Mo

Day

Year

8 28 97

Candidate

Type or Print Name

Signature

Mo

Day

Year

8 28 97

Authority granted under P.A. 388 of 1976



MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

1. Committee I.D. Number \_\_\_\_\_

2. Committee Name \_\_\_\_\_

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

**RECEIPTS**

**3. Contributions**

a. Itemized (Schedule 1A - Column 6)

(3a.) \$ 1,200.00

b. Unitemized (less than \$20.01 each - no Schedule)

(3b.) \$ \_\_\_\_\_

c. Subtotal of "Contributions"

(3c.) \$ \_\_\_\_\_

4. Other Receipts (Schedule 1A -1, Column 6)

(4.) \$ \_\_\_\_\_

**5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS**  
(Add Line 3c + Line 4)

(5.) \$ 1200.00

**IN-KIND CONTRIBUTIONS & EXPENDITURES**

6. In-Kind Contributions (Schedule 1-IK, Column 7)

(6.) \$ \_\_\_\_\_

7. In-Kind Expenditures (Schedule 1B-IK, Column 6)

(7.) \$ \_\_\_\_\_

**EXPENDITURES**

**8. Expenditures**

a. Itemized (Schedule 1B, Column 6)

(8a.) \$ 1150.00

b. Itemized Get-Out-the-Vote (Schedule B-G)

(8b.) \$ \_\_\_\_\_

c. Unitemized (less than \$50.01 each - no Schedule)

(8c.) \$ 50.00

**9. TOTAL EXPENDITURES** (Add Line 8a + Line 8b + Line 8c)

(9.) \$ 1200.00

**INCIDENTAL EXPENSE DISBURSEMENTS**

(Officeholders Only)

**10. Disbursements**

a. Itemized (Schedule 1C, Column 6)

(10a.) \$ \_\_\_\_\_

b. Unitemized (less than \$50.01 each - no Schedule)

(10b.) \$ \_\_\_\_\_

**11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS**  
(Add Line 10a + Line 10b)

(11.) \$ \_\_\_\_\_

**DEBTS AND OBLIGATIONS**

**12. Debts and Obligations**

a. Owed by the Committee (Schedule 1E)

(12a.) \$ \_\_\_\_\_

b. Owed to the Committee (Schedule 1E)

(12b.) \$ \_\_\_\_\_

**BALANCE STATEMENT**

13. Ending Balance of last report filed

(Enter zero if no previous reports have been filed.)

(13.) \$ 0

14. Amount received during reporting period  
(Line 5, Total Contributions & Other Receipts)

(14.) + 1200.00

15. SUBTOTAL Add lines 13 and 14

(15.) = 1,200.00

16. Amount expended during reporting period  
(Add lines 9 and 11)

(16.) - 1200.00

17. ENDING BALANCE

(Subtract line 16 from line 15)

(17.) \$ 0

Column II  
Cumulative this election cycle

(18.) \$ \_\_\_\_\_

(19.) \$ \_\_\_\_\_

(20.) \$ \_\_\_\_\_

(21.) \$ \_\_\_\_\_

(22.) \$ \_\_\_\_\_

(23.) \$ \_\_\_\_\_

(24.) \$ \_\_\_\_\_

NOTE: Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000.00 Reporting Waiver threshold.

All required schedules must be included with this statement. \*If your ending balance is negative, please recheck your math.

Authority granted under P.A. 388 of 1976





MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number \_\_\_\_\_

2. Committee Name \_\_\_\_\_

Enter contributor's name and address. If contribution is from an individual and the amount is \$20.01 or more, Enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (Both are commonly called PACs.) Report all contributions from committees regardless of amount.

6. Amount

7. Cumulative for Election  
Cycle for Each  
Contributor (Through date  
of receipt)

3. Contribution # 1 PAC Receipt? ☒ YES

4. Date of Receipt 7/25/97

\$1,200.00

Name:  
Address:

5. If over \$100.00 cumulative, please provide:

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address P.O. Box 426 Bay City MI 48708

Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

☐ Itemized on Supplemental Itemization Schedule RI

3. Contribution #2 PAC Receipt? ☐ YES

4. Date of Receipt \_\_\_\_\_

Name:  
Address:

5. If over \$100.00 cumulative, please provide:

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

☐ Itemized on Supplemental Itemization Schedule RI

3. Contribution # 3 PAC Receipt? ☐ YES

4. Date of Receipt \_\_\_\_\_

Name:  
Address:

5. If over \$100.00 cumulative, please provide:

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

☐ Itemized on Supplemental Itemization Schedule RI

3. Contribution # 4 PAC Receipt? ☐ YES

4. Date of Receipt \_\_\_\_\_

Name:  
Address:

5. If over \$100.00 cumulative, please provide:

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

☐ Itemized on Supplemental Itemization Schedule RI

Page Subtotal  
Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

\$1,200.00

\$1,200.00



MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE

1. Committee I. D. Number \_\_\_\_\_

2. Committee Name \_\_\_\_\_

3. Name and address of person or vendor to whom paid if the amount paid is \$50.01 or more.	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>Northwind Aviation</u> Street Address <u>2316 E. Wheeler Rd.</u> City <u>Midland</u> State <u>MI</u> Zip Code <u>48642</u>	Purpose: <u>Aerial Banner</u> Expenditure Code <u>3A</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Detail is Itemized on Schedule SI	<u>6/18</u> <u>6/25</u> <u>7/1</u> <u>7/17</u> <u>7/23</u> <u>7/30</u>	<u>\$230.00</u> <u>\$230.00</u> <u>\$230.00</u> <u>\$115.00</u> <u>\$115.00</u> <u>\$230.00</u>
Expenditure #2 Name <u>Green Hot Charities, Inc.</u> Street Address <u>1301 Columbus Ave.</u> City <u>Bay City</u> State <u>MI</u> Zip Code <u>48708</u>	Purpose: <u>Hole Sponsor</u> Expenditure Code <u>CC</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Detail is Itemized on Schedule SI	<u>6/19/97</u>	<u>\$50.00</u>
Expenditure #3 Name _____ Street Address _____ City _____ State _____ Zip Code _____	Purpose: _____ Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Detail is Itemized on Schedule SI		
Expenditure #4 Name _____ Street Address _____ City _____ State _____ Zip Code _____	Purpose: _____ Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Detail is Itemized on Schedule SI		
Expenditure #5 Name _____ Street Address _____ City _____ State _____ Zip Code _____	Purpose: _____ Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Detail is Itemized on Schedule SI		

Subtotal this page  
Grand Total of all Schedules 1B  
(Complete on last page of Schedule)

\$1,200.00  
\$1,200.00

Enter this total  
on line 8a of  
Summary Page



STATEMENT OF ORGANIZATION  
FOR CANDIDATE COMMITTEES

TYPE OR PRINT CLEARLY. AN AMENDMENT TO THIS FORM MUST BE FILED IF INFORMATION  
ON THE FORM CHANGES. SEE INSTRUCTIONS ON REVERSE FOR UPDATING PROCEDURES.

FOR OFFICIAL USE ONLY

1. Committee Identification No. 150053	
2. Type of Filing a. <input type="checkbox"/> Original OR b. <input checked="" type="checkbox"/> Amendment to Item(s)# #10 c. Date Change(s) Took Place / /	
3. Full Name Of Committee COMMITTEE TO ELECT BANASZAK 7th District Commissioner	
4. Candidate Last Name BANASZAK First Name DENNIS M.I. W.	
4a. County of Residence _____ 4b. Political Party (If applicable) _____	
4c. Driver License # (Optional) _____	
4d. Office Sought: (Check one)	
<input type="checkbox"/> Governor <input type="checkbox"/> Lt. Governor <input type="checkbox"/> State Senator <input type="checkbox"/> State Representative <input type="checkbox"/> Secretary of State <input type="checkbox"/> State Board of Education	
<input type="checkbox"/> Bd of Regents UM <input type="checkbox"/> Bd of Trustees MSU <input type="checkbox"/> Bd of Gov WSU <input type="checkbox"/> Attorney General <input type="checkbox"/> Court of Appeals	
<input type="checkbox"/> District Court <input type="checkbox"/> Probate Court <input type="checkbox"/> Detroit Records Court <input type="checkbox"/> Supreme Court Justice <input type="checkbox"/> Circuit Court	
<input type="checkbox"/> Local or Other (Please Specify) _____ 4e. District # or Jurisdiction _____	
5. Date Committee Was Formed (Mo/Day/Yr)	6. Committee Area Code and Phone Number
7. Committee Mailing Address (May be P. O. Box) Include Zip Code 617 - 14th Street Bay City, MI	7a. Committee Street Address (May <u>not</u> be P. O. Box)
8. <b>Treasurer.</b> Name and Mailing Address of Committee Treasurer (Last Name, First Name, Middle Initial. Please Include Zip Code.)  Area Code and Phone Driver License # (Optional)	9. <b>Designated Recordkeeper.</b> Name and address of the person (other than the treasurer) who will be responsible for the committee's records and Campaign Statement filings. If committee treasurer will handle these responsibilities, leave this item blank.  Area Code and Phone Driver License # (Optional)
10. <b>REPORTING WAIVER.</b> The committee does NOT expect to receive or expend in excess of \$1,000.00 in an election. The Reporting Waiver will be automatically lost if the committee exceeds the \$1,000 threshold. (Direct and in-kind contributions, expenditures and outstanding debt count against the \$1,000.00 Reporting Waiver threshold.) Funds left over from one election count toward the "amount received" for the next election. Please note: If a request for a Reporting Waiver is not received on or before the filing deadline of a required Campaign Statement, that Campaign Statement cannot be waived.	
11. Names and Addresses of depositories or intended depositories of committee funds. 11a. Official Depository:  11b. Secondary Depository:	12. This item applies only to a Gubernatorial Candidate Committee.  <input type="checkbox"/> Check if this committee intends to seek qualifying contributions for public funding.
13. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement, and that the contents are true, accurate and complete to the best of my/our knowledge or belief.	
Current Treasurer DENNIS W. BANASZAK Signature Date 8/19/98	
Candidate DENNIS W. BANASZAK Signature Date 8/19/98	



# STATEMENT OF ORGANIZATION FOR CANDIDATE COMMITTEES

TYPE OR PRINT CLEARLY. AN AMENDMENT TO THIS FORM MUST BE FILED IF INFORMATION ON THE FORM CHANGES. SEE INSTRUCTIONS ON REVERSE FOR UPDATING PROCEDURES.

FOR OFFICIAL USE ONLY

1. Committee Identification No. <u>150053</u>	
2. Type of Filing    a. <input type="checkbox"/> Original    OR    b. <input checked="" type="checkbox"/> Amendment to Item(s) # <u>3, 4, 5</u> c. Date Change(s) Took Place <u>5/5/98</u>	
3. Full Name Of Committee <u>Committee to elect Banaszak District Seven Commissioner</u>	
4. Candidate Last Name <u>Banaszak</u>	First Name <u>Dennis</u> M.I. <u>W</u>
4a. County of Residence <u>Bay</u>	4b. Political Party (If applicable) <u>Republican</u>
4c. Driver License # (Optional) <u>B 522 139887 780</u>	
4d. Office Sought: (Check one)	
<input type="checkbox"/> Governor <input type="checkbox"/> Lt. Governor <input type="checkbox"/> State Senator <input type="checkbox"/> State Representative <input type="checkbox"/> Secretary of State <input type="checkbox"/> State Board of Education <input type="checkbox"/> Bd of Regents UM <input type="checkbox"/> Bd of Trustees MSU <input type="checkbox"/> Bd of Gov WSU <input type="checkbox"/> Attorney General <input type="checkbox"/> Court of Appeals <input type="checkbox"/> District Court <input type="checkbox"/> Probate Court <input type="checkbox"/> Detroit Recorders Court <input type="checkbox"/> Supreme Court Justice <input type="checkbox"/> Circuit Court	
<input checked="" type="checkbox"/> Local or Other (Please Specify) <u>County Commissioner</u> 4e. District # or Jurisdiction <u>7</u>	
5. Date Committee Was Formed <u>5/1/98</u> (Mo/Day/Yr)	6. Committee Area Code and Phone Number <u>(517) 893-8024</u>
7. Committee Mailing Address (May be P. O. Box) Include Zip Code <u>617 14th St. Bay City MI 48708</u>	7a. Committee Street Address (May not be P. O. Box) <u>Same</u>
8. <u>Treasurer</u> . Name and Mailing Address of Committee Treasurer (Last Name, First Name, Middle Initial. Please Include Zip Code.)  <u>Candidate</u>	9. <u>Designated Recordkeeper</u> . Name and address of the person (other than the treasurer) who will be responsible for the committee's records and Campaign Statement filings. If committee treasurer will handle these responsibilities, leave this item blank.  <u>Candidate</u>
Area Code and Phone    Driver License # (Optional)	Area Code and Phone    Driver License # (Optional)
10. <input type="checkbox"/> <b>REPORTING WAIVER</b> The committee does NOT expect to receive or expend in excess of \$1,000.00 in an election. The Reporting Waiver will be automatically lost if the committee exceeds the \$1,000 threshold. (Direct and in-kind contributions, expenditures and outstanding debt count against the \$1,000.00 Reporting Waiver threshold.) Funds left over from one election count toward the "amount received" for the next election. Please note: If a request for a Reporting Waiver is not received on or before the filing deadline of a required Campaign Statement, that Campaign Statement cannot be waived.	
11. Names and Addresses of depositories or intended depositories of committee funds. 11a. Official Depository: <u>Mutual Savings Bank</u> 11b. Secondary Depository:	12. This item applies only to a Gubernatorial Candidate Committee.  <input type="checkbox"/> Check if this committee intends to seek qualifying contributions for public funding.
13. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement, and that the contents are true, accurate and complete to the best of my/our knowledge or belief.	
Current Treasurer <u>Dennis W. Banaszak</u> Type or Print Name    Signature <u>Dennis W. Banaszak</u>	Date <u>5 5 98</u> Mo.    Day    Year
Candidate <u>Dennis W. Banaszak</u> Type or Print Name    Signature <u>Dennis W. Banaszak</u>	Date <u>5 5 98</u> Mo.    Day    Year



# STATEMENT OF ORGANIZATION FOR CANDIDATE COMMITTEE

MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

TYPE OR PRINT CLEARLY. AN AMENDMENT TO THIS FORM MUST BE FILED IF INFORMATION PRESENTED ON THE FORM CHANGES. SEE INSTRUCTIONS ON REVERSE FOR UPDATING PROCEDURES.

1. Committee Identification No.  150053		3. Type of Filing <input type="checkbox"/> Original <input checked="" type="checkbox"/> Amendment to Item(s) 4, 10, 8, 13  Date Change Took Place  Month _____ Day _____ Year _____	
2. Full Name of Committee  COMMITTEE TO ELECT BANASZAK MAYOR		4. Candidate Name  DENNIS WILLIAM BANASZAK  Office Sought (include district or jurisdiction served) MAYOR, CITY OF BAY CITY	
5. Committee Street Address (street, city, state, zip code)  617 14th Street Bay City, MI 48708		5a. Committee Mailing Address (if different from street address)  Same	
6. Date Committee Was Formed  Mo. _____ Day _____ Yr. _____	8. Full Name and Mailing Address of Treasurer  Dennis W. Banaszak 617 14th Street Bay City, MI 48708		Area Code and Phone  (517) 893-8024
7. Committee Area Code and Phone  (517) 893-8024		9. Identify the person who will be responsible for the committee's records and Campaign Statement filings. If committee's treasurer will handle these responsibilities, leave this item blank. Name _____ Mailing Address _____ Area Code/Phone _____	
10. REPORTING WAIVER SECTION <input checked="" type="checkbox"/> The Committee does NOT expect to receive or expend in excess of \$1,000.00 in an election.			
11. Names and addresses of depositories or intended depositories of committee funds (list both official depository and any secondary depositories).		12. This item applies only to a gubernatorial Candidate Committee. <input type="checkbox"/> Check if this committee intends to seek qualifying contributions for public funding.	
13. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement, and that the contents are true, accurate and complete to the best of my/our knowledge or belief.			
Treasurer Type or Print Name <u>Dennis W. Banaszak</u> Signature <u>Dennis W. Banaszak</u>		Date <u>6-18-97</u> Mo. _____ Day _____ Year _____	
Candidate Type or Print Name <u>Dennis W. Banaszak</u> Signature <u>Dennis W. Banaszak</u>		Date <u>6-18-97</u> Mo. _____ Day _____ Year _____	
14. FOR OFFICEHOLDERS' USE ONLY (Complete only if you have established an Officeholder Expense Fund)			
14a. Full Name and Address of Officeholder Expense Fund	14b. Full Name and Address of Treasurer of Officeholder Expense Fund	14c. Officeholder Expense Fund Depository Name and Address	



MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

CANDIDATE COMMITTEE  
COVER PAGE

Report must be legible, typed or printed in ink, and signed by treasurer (or designated recordkeeper) and the candidate.

1. Committee I.D. Number <b>150053</b>	2. Committee Name <b>Committee to Elect Banaszak, District 7</b>
3. This Statement Covers From: <b>10/20/96</b> To: <b>11/25/96</b>	4. Name of Candidate <b>Dennis W. Banaszak</b> Office Sought <b>7th District County Comm, 231070</b> District or Community Served (if applicable)
5. Committee's Mailing Address <b>617 14th Street Bay City, MI 48708</b> Area Code and Phone <b>(517) 843-8024</b>	6. Treasurer's Name and Residential Address <b>Gregory A. Maleinick</b> <b>805 S. Sherman</b> <b>Bay City MI 48708</b> Area Code and Phone <b>(517) 843-0709</b> Driver License Number (optional)
7. Treasurer's Business Address <b>Allen's Shoe Stores</b> <b>700 Washington Ave</b> <b>Bay City MI 48708</b> Area Code and Phone <b>(517) 843-6132</b>	8. Designated Recordkeeper's Name and Mailing Address (if the committee has a Designated Recordkeeper)  Area Code and Phone Driver License Number (optional)
9. TYPE OF STATEMENT a. <input type="checkbox"/> Pre-election Campaign Statement OR b. <input checked="" type="checkbox"/> Post-election Campaign Statement Pre-election or Post-election Statement relates to: <input type="checkbox"/> Primary <input type="checkbox"/> Caucus <input type="checkbox"/> School <input checked="" type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> Special Date of Election, Caucus or Convention <b>Nov. 15 / 1996</b>	e. <input type="checkbox"/> Dissolution of Committee Date of Dissolution mo day yr <b>03 02 1998</b> By checking this item, I/we certify that the committee has no assets or outstanding debts. Note: The disposition of residual funds must be reported on Schedule 1B.
10. Verification: I/we certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete. Treasurer or Designated Recordkeeper (circle one) <b>Gregory A. Maleinick</b> Signature <b>Gregory A. Maleinick</b> Date <b>12/5/1996</b> Candidate <b>Dennis W. Banaszak</b> Signature <b>Dennis W. Banaszak</b> Date <b>12/5/1996</b>	



ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE

1. Committee I.D. Number

150053

2. Committee Name

Committee to Elect Sanchez  
District 7 County Commission

3. Name and Address of person to whom paid

Bay City Times  
311 Fifth St.  
Bay City MI 48706

4. Purpose (be specific)

Political Ads

☐ Payment of Debt or Obligation previously listed on Schedule 1E

☐ Payment of Debt or Obligation previously listed on Schedule 1E

☐ Payment of Debt or Obligation previously listed on Schedule 1E

☐ Payment of Debt or Obligation previously listed on Schedule 1E

☐ Payment of Debt or Obligation previously listed on Schedule 1E

☐ Payment of Debt or Obligation previously listed on Schedule 1E

5. Date

11/1/96

6. Amount  
Expended

210.00

Page Subtotal

Grand Total of All Schedule 1B's  
(Complete on last page of Schedule)

Enter this  
total on line 8a  
of Summary Page



**SUMMARY PAGE  
CANDIDATE COMMITTEE**

1. Committee I.D. Number

150053

2. Committee Name

Committee to Elect Baraszk  
District 7 county Commissioner

Column I  
This Period

Column II  
Cumulative for this election cycle

**RECEIPTS**

**3. Contributions**

- a. Itemized (use Schedule 1A)  
b. Unitemized (no Schedule)  
c. Subtotal of "Contributions"

(3a.) \$  
(3b.) \$  
(3c.) \$  
(4.) \$  
(5.) \$

(3c.) \$  
(4.) \$  
(5.) \$

**4. Other Receipts**

**5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS**

**EXPENDITURES**

**6. Expenditures**

- a. Itemized (use Schedule 1B)  
b. Unitemized (no Schedule)  
7. TOTAL EXPENDITURES

(6a.) \$  
(6b.) \$  
(7.) \$

(7.) \$

**IN-KIND CONTRIBUTIONS**

**8. In-kind Contributions**

- a. Itemized (use Schedule 1-K)  
b. Unitemized (no Schedule)  
9. TOTAL IN-KIND CONTRIBUTIONS

(8a.) \$  
(8b.) \$  
(9.) \$

(9.) \$

**DEBTS AND OBLIGATIONS**

**10. Debts and Obligations**

- a. Owed by the Committee (use Schedule 1E)  
b. Owed to the Committee (use Schedule 1E)

(10a.) \$  
(10b.) \$

**BALANCE STATEMENT**

11. Ending balance of last report filed (enter zero if no reports have been filed)  
12. Amount received during reporting period (line 5, Total Contributions and Other Receipts)  
13. Add lines 11 and 12  
14. Amount expended during reporting period (line 7, Total Expenditures)  
15. ENDING BALANCE (subtract line 14 from line 13)

(11.) \$

(12.) +

(13.) =

(14.) -

(15.) \$





MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

## CANDIDATE COMMITTEE COVER PAGE

Report must be legible, typed or printed in ink, and signed by treasurer (or designated recordkeeper) and the candidate.

1. Committee I.D. Number <b>150053</b>		2. Committee Name <b>Committee to Elect Banaszak</b> <b>County Commissioner</b>		3. This Statement Covers From: <b>5/8/96</b> To: <b>10/20/96</b>	
5. Committee's Mailing Address <b>Dennis Banaszak</b> <b>617 14th St.</b> <b>Bay City MI 48708</b> Area Code and Phone <b>(517) 893-8024</b>		6. Treasurer's Name and Residential Address <b>Gregory A. Marinich</b> <b>805 S. Sherman</b> <b>Bay City MI 48708</b> Area Code and Phone <b>(517) 893-0768</b> Driver License Number (optional)		4. Name of Candidate <b>Dennis Banaszak</b> <b>7th District County Commissioner</b> Office Sought District or Community Served (if applicable)	
7. Treasurer's Business Address <b>Allan's Shoe Store</b> <b>706 Washington Ave.</b> <b>Bay City MI 48708</b> Area Code and Phone <b>(517) 893-0212</b>		8. Designated Recordkeeper's Name and Mailing Address (if the committee has a Designated Recordkeeper)		County of Residence <b>Bay County</b> Driver License Number (optional)	
9. TYPE OF STATEMENT a. <input checked="" type="checkbox"/> Pre-election Campaign Statement OR b. <input type="checkbox"/> Post-election Campaign Statement Pre-election or Post-election Statement relates to: <input type="checkbox"/> Primary <input type="checkbox"/> Caucus <input type="checkbox"/> School <input checked="" type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> Special Date of Election, Caucus or Convention <b>November 5th 1996</b>		d. <input type="checkbox"/> Amendment (Complete Item 9a, 9b, 9c or 9e to indicate which statement is being amended.)		e. <input type="checkbox"/> Dissolution of Committee Date of Dissolution <b>10/25/96</b> By checking this item, I/we certify that the committee has no assets or outstanding debts. Residual funds were disposed of as follows: <b>FILED - CO. CLERK</b>	
10. Verification: I/we certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.					
Treasurer or Designated Recordkeeper <b>Gregory A. Marinich</b> Type or Print Name		Signature <b>Gregory A. Marinich</b>		Date <b>10/24/96</b> mo day yr	
Candidate <b>Dennis W. Banaszak</b> Type or Print Name		Signature <b>Dennis W. Banaszak</b>		Date <b>10/24/96</b> mo day yr	

- A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules.
- If any of the information listed in items 2, 4, 5, 6, 7 or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization must be filed.



**SUMMARY PAGE  
CANDIDATE COMMITTEE**

1. Committee I.D. Number

150053

2. Committee Name

Committee to Elect  
Banaszak District 7  
County Commissioner.

	Column I This Period	Column II Cumulative for this election cycle
<b>RECEIPTS</b>		
3. Contributions		
a. Itemized (use Schedule 1A)		
b. Unitemized (no Schedule)		
c. Subtotal of "Contributions"		
4. Other Receipts		
5. TOTAL RECEIPTS		
<b>EXPENDITURES</b>		
6. Expenditures		
a. Itemized (use Schedule 1B)		
b. Unitemized (no Schedule)		
7. TOTAL EXPENDITURES		
<b>IN-KIND CONTRIBUTIONS</b>		
8. In-kind Contributions received		
a. Itemized (use Schedule 1A)		
b. Unitemized (no Schedule)		
9. TOTAL IN-KIND CONTRIBUTIONS		
<b>DEBTS AND OBLIGATIONS</b>		
10. Debts and obligations		
a. Owed by the Committee (use Schedule 1E)		
b. Owed to the Committee (use Schedule 1E)		

**BALANCE STATEMENT**

11. Ending balance of last report filed (enter zero if no reports have been filed)	(11.) \$
12. Amount received during reporting period (line 3, Total Receipts)	(12.) + \$ 1,840.00
13. Add lines 9 and 10	(13.) = \$ 1,840.00
14. Amount expended during reporting period (line 5, Total Expenditures)	(14.) - \$ 1,192.79
15. ENDING BALANCE (subtract line 12 from line 11)	(15.) \$ \$ 647.21



ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE

1. Committee I.D. Number

150053

2. Committee Name

Committee to Elect  
Banaszak District 7  
County Commissioner

3. Name and Address of person to whom paid.

Bay City Times  
311 Fifth St  
Bay City MI 48708

Sawicki & Son

1521 W. Lafayette  
Detroit, MI 48216

~~The~~ Created for Carney  
400 N Madison Ave  
Bay City MI 48708

Bay City Democrat & Bay City  
Legal News. 309 W. 14th St.  
P.O. Box 278 Bay City MI 48707

Deluxe Inc.  
First of America  
300 Center Avenue  
P.O. Box 919 Bay City MI 48707

4. Purpose (be specific)

Target Flyer

☐ Payment of Debt or Obligation

250  
Campaign Signs

☐ Payment of Debt or Obligation

Rental of Great Room  
for Ice Cream Social

☐ Payment of Debt or Obligation

Printing cost for Alter Society  
puffler tickets. (sponsored advertising)

☐ Payment of Debt or Obligation

Check book, checking account  
for campaign

☐ Payment of Debt or Obligation

☐ Payment of Debt or Obligation

5. Date

9/24/96

10/11/96

10/9/96

10/21/96

8/2/96

6. Amount  
Expended

383.00

561.80

100.00

46.64

101.35

Page Subtotal

Grand Total of All Schedule 1B's  
(Complete on last page of Schedule)

\$ 1,192.79

Enter this  
total on line 6a  
of Summary Page



MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

ITEMIZED RECEIPTS  
SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number

150053

2. Committee Name

Committee to Elect  
Bassal District 2  
County Commissioners

3. Name and Address from whom received.	4. Type of Contribution or Other Receipt	5. Date of Receipt	AMOUNT			7. Cumulative for election cycle	8. If over \$200.00 cumulative, enter Contributor's Occupation, Employer and Business Address
			6a. Contribution of Money	6b. In-Kind Contribution Received	6c. Other Receipts		
Bay Area Chamber of Commerce Political Action Committee 901 Saginaw St. Bay City MI 48708	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan from lending institution <input type="checkbox"/> Misc (specify)	7/9/96	\$500.00				
Mid-Michigan GOP PAC 1840 Center Ave. Bay City MI 48708	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan from lending institution <input type="checkbox"/> Misc (specify)	10/9/96	\$100.00				
Bay County Republican Party 920 N. Water Bay City MI 48708	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan from lending institution <input type="checkbox"/> Misc (specify)	10/9/96	\$200.00				
Bay Area Chamber of Commerce Political Action Committee 901 Saginaw St. Bay City MI 48708	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan from lending institution <input type="checkbox"/> Misc (specify)	10/9/96	\$1000.00				
Sim Gasta James Daniels 110 N Madison Ave Bay City MI 48708	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> In-Kind (describe) <u>Postcard &amp; Framer</u> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan from lending institution <input type="checkbox"/> Misc (specify)			\$100.00			
	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan from lending institution <input type="checkbox"/> Misc (specify)						
Page Subtotal				100.00			
Grand Total of All Schedule 1A's (Complete on last page of Schedule)			\$1,800.00	\$100.00	\$100.00		

Enter this total on line 3a of Summary Page

Enter this total on line 8a of Summary Page

Enter this total on line 4 of Summary Page



FUND RAISER  
SCHEDULE 1F  
CANDIDATE COMMITTEE

1. Committee I.D. Number

150053

2. Committee Name

Committee to Elect Bonczak  
District 7 County Commissioner

— USE A SEPARATE SHEET FOR EACH EVENT —

3. Date Event Was Held Mo <u>10</u> / <u>9</u> / <u>1996</u> Yr	4. Number of Individuals Attending or Participating (whichever is greater) <u>116</u>	5. Type of Fund Raising Activity <u>Ice Cream Social</u>	6. Address and Name (if any) of the place where the activity was held <u>Created for caring The Great Hall 400 N. Madison Ave. Bay City, MI 48708</u>
--	--	---	--

7. Total Contributions of \$20.00 or less

\$ 40.00

8. Total Contributions of \$20.01 or more

0

9. SUBTOTAL (Add lines 7 and 8)

\$ 40.00

10. Other Receipts

0

11. Gross Receipts (Add lines 9 and 10)

\$ 40.00

12. Total Cost of Event

\$ 200.00

13. ☐ Check if event was a joint fund raiser and complete following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule are also reported on the Itemized Receipts Schedule (1A), Itemized Expenditures Schedule (1B) and the Summary Page.
- All committees that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.
- If the committee held a joint fund raiser with an Officeholder Expense Fund maintained by the candidate, a Fund Raiser Schedule (FO) must be submitted for the event with the next Officeholder Expense Fund Report. An Officeholder Expense Fund may be established by any officeholder.



# STATEMENT OF ORGANIZATION FOR CANDIDATE COMMITTEE

MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

TYPE OR PRINT CLEARLY. AN AMENDMENT TO THIS FORM MUST BE FILED IF INFORMATION PRESENTED ON THE FORM CHANGES. SEE INSTRUCTIONS ON REVERSE FOR UPDATING PROCEDURES.

1. Committee Identification No. <b>150053</b>		3. Type of Filing <input type="checkbox"/> Original <input checked="" type="checkbox"/> Amendment to Item(s) <b>10</b>	
2. Full Name of Committee <b>Committee to elect Banaszak District 7 County Commissioner</b>		Date Change Took Place Month <b>10</b> Day <b>9</b> Year <b>96</b>	
4. Candidate Name <b>Dennis William Banaszak</b> Office Sought (include district or jurisdiction served) <b>District 7 Commissioner</b>		County of Residence <b>Bay County</b> Party (if applicable) <b>Republican</b>	
5. Committee Street Address (street, city, state, zip code) <b>617 14th Street Bay City, MI 48708</b>		5a. Committee Mailing Address (if different from street address)	

6. Date Committee Was Formed. Mo. <b>5</b> Day <b>8</b> Yr. <b>96</b>	8. Full Name and Mailing Address of Treasurer <b>Gregory A. Marciniak</b> <b>805 S. Sherman</b> <b>Bay City, MI 48708</b>	Area Code and Phone <b>517 893 0768</b>
7. Committee Area Code and Phone <b>517 893 8024</b>		

9. Identify the person who will be responsible for the committee's records and Campaign Statement filings. If committee's treasurer will handle these responsibilities, leave this item blank.		
Name <b>Same</b>	Mailing Address	Area Code/Phone

10. REPORTING WAIVER SECTION <input type="checkbox"/> The Committee does NOT expect to receive or expend in excess of \$1,000.00 in an election.
---

11. Names and addresses of depositories or intended depositories of committee funds (list both official depository and any secondary depositories). <b>First of America</b>	This form applies only to a gubernatorial Candidate Committee. <input type="checkbox"/> Check if this committee intends to seek qualifying contributions for public funding.
--	---

13. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement, and that the contents are true, accurate and complete to the best of my/our knowledge or belief.
---

Treasurer Type or Print Name <b>Gregory A. Marciniak / Gregory M. Marciniak</b> Signature <b>[Signature]</b>	Date <b>10 9 96</b> Mo. Day Year
Candidate Type or Print Name <b>Dennis W. Banaszak / Dennis W. Banaszak</b> Signature <b>[Signature]</b>	Date <b>10 9 96</b> Mo. Day Year

14. FOR OFFICEHOLDERS' USE ONLY (Complete only if you have established an Officeholder Expense Fund)		
--	--	--

14a. Full Name and Address of Officeholder Expense Fund	14b. Full Name and Address of Treasurer of Officeholder Expense Fund	14c. Officeholder Expense Fund Depository Name and Address
---	--	--



# STATEMENT OF ORGANIZATION FOR CANDIDATE COMMITTEE

MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

TYPE OR PRINT CLEARLY. AN AMENDMENT TO THIS FORM MUST BE FILED IF INFORMATION PRESENTED ON THE FORM CHANGES. SEE INSTRUCTIONS ON REVERSE FOR UPDATING PROCEDURES.

1. Committee Identification No. <u>150053</u>		3. Type of Filing <input type="checkbox"/> Original <input checked="" type="checkbox"/> Amendment to Item(s) <u>10</u>	
2. Full Name of Committee <u>Committee to elect Banaszak</u> <u>District 7 County Commissioner</u>		Date Change Took Place Month <u>10</u> Day <u>9</u> Year <u>96</u>	
4. Candidate Name <u>Dennis William Banaszak</u> Office Sought (include district or jurisdiction served) <u>District 7 Commissioner</u>		County of Residence <u>Bay County</u> Party (if applicable) <u>Republican</u>	

5. Committee Street Address (street, city, state, zip code) <u>617 14th Street</u> <u>Bay City, MI 48708</u>	5a. Committee Mailing Address (if different from street address)
--	--

6. Date Committee Was Formed Mo. <u>5</u> Day <u>8</u> Yr. <u>96</u>	8. Full Name and Mailing Address of Treasurer <u>Gregory A. Marciniak</u> <u>805 S. Sherman</u> <u>Bay City, MI 48708</u>	Area Code and Phone <u>517 893 0768</u>
7. Committee Area Code and Phone <u>517 893 8024</u>		

9. Identify the person who will be responsible for the committee's records and Campaign Statement filings. If committee's treasurer will handle these responsibilities, leave this item blank.		
Name <u>Same</u>	Mailing Address	Area Code/Phone

10. REPORTING WAIVER SECTION <input type="checkbox"/> The Committee does NOT expect to receive or expend in excess of \$1,000.00 in an election.
---

11. Names and addresses of depositories or intended depositories of committee funds (list both official depository and any secondary depositories). <u>First of America</u>	12. This item applies only to a gubernatorial Candidate Committee. <input type="checkbox"/> Check if this committee intends to seek qualifying contributions for public funding.
--	---

13. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement, and that the contents are true, accurate and complete to the best of my/our knowledge or belief.

Treasurer <u>Gregory A. Marciniak / Gregory M. Marciniak</u> Type or Print Name	Signature <u>[Signature]</u>	Date <u>10</u> <u>9</u> <u>96</u> Mo. Day Year
Candidate <u>Dennis W. Banaszak / Dennis W. Banaszak</u> Type or Print Name	Signature <u>[Signature]</u>	Date <u>10</u> <u>9</u> <u>96</u> Mo. Day Year

## 14. FOR OFFICEHOLDERS' USE ONLY (Complete only if you have established an Officeholder Expense Fund)

14a. Full Name and Address of Officeholder Expense Fund	14b. Full Name and Address of Treasurer of Officeholder Expense Fund	14c. Officeholder Expense Fund Depository Name and Address
---	--	--



# STATEMENT OF ORGANIZATION FOR CANDIDATE COMMITTEE

MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

TYPE OR PRINT CLEARLY. AN AMENDMENT TO THIS FORM MUST BE FILED IF INFORMATION PRESENTED ON THE FORM CHANGES. SEE INSTRUCTIONS ON REVERSE FOR UPDATING PROCEDURES.

1. Committee Identification No. <b>150053</b>		3. Type of Filing <input type="checkbox"/> Original <input checked="" type="checkbox"/> Amendment to Item(s) <b>#10</b>	
2. Full Name of Committee <b>COMMITTEE TO ELECT BANASZAK 7th DISTRICT COUNTY COMMISSIONER</b>		Date Change Took Place Month _____ Day _____ Year _____	
4. Candidate Name <b>DENNIS W. BANASZAK</b> Office Sought (include district or jurisdiction served) <b>7th DISTRICT COUNTY COMMISSIONER</b>		County of Residence <b>BAY</b> Party (if applicable) <b>REPUBLICAN</b>	
5. Committee Street Address (street, city, state, zip code) <b>617 - 14th Street Bay City, MI 48708</b>		5a. Committee Mailing Address (if different from street address)	
6. Date Committee Was Formed Mo. _____ Day _____ Yr. _____	8. Full Name and Mailing Address of Treasurer Area Code and Phone _____		
7. Committee Area Code and Phone _____			
9. Identify the person who will be responsible for the committee's records and Campaign Statement filings. If committee's treasurer will handle these responsibilities, leave this item blank. Name _____ Mailing Address _____ Area Code/Phone _____			
10. REPORTING WAIVER SECTION <input checked="" type="checkbox"/> The Committee does NOT expect to receive or expend in excess of \$1,000.00 in an election.			
11. Names and addresses of depositories or intended depositories of committee funds (list both official depository and any secondary depositories).		12. This item applies only to a gubernatorial Candidate Committee. <input type="checkbox"/> Check if this committee intends to seek qualifying contributions for public funding.	
13. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement, and that the contents are true, accurate and complete to the best of my/our knowledge or belief.			
Treasurer <u>Gregory A. Marchuk</u> Type or Print Name		Signature <u>Gregory A. Marchuk</u> Date <u>8 3 96</u> Mo. Day Year	
Candidate <u>DENNIS W. BANASZAK</u> Type or Print Name		Signature <u>Dennis W. Banaszak</u> Date <u>7 30 96</u> Mo. Day Year	
14. FOR OFFICEHOLDERS' USE ONLY (Complete only if you have established an Officeholder Expense Fund)			
14a. Full Name and Address of Officeholder Expense Fund		14b. Full Name and Address of Treasurer of Officeholder Expense Fund	
		14c. Officeholder Expense Fund Depository Name and Address	

FILED - 30. CLERK  
AUG 12 15 PM '96  
BY BARBARA ALBERTSON  
BAY COUNTY CLERK





# STATEMENT OF ORGANIZATION FOR CANDIDATE COMMITTEE

MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

TYPE OR PRINT CLEARLY. AN AMENDMENT TO THIS FORM MUST BE FILED IF INFORMATION PRESENTED ON THE FORM CHANGES. SEE INSTRUCTIONS ON REVERSE FOR UPDATING PROCEDURES.

1. Committee Identification No. <b>150053</b>		3. Type of Filing <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment to Item(s) <b># 2</b>	
2. Full Name of Committee <b>Committee to elect Banaszak District 7 County Commissioner</b>		Date Change Took Place Month _____ Day _____ Year _____	
4. Candidate Name <b>Dennis W. Banaszak</b> Office Sought (include district or jurisdiction served) <b>7th District County Commissioner</b>		County of Residence <b>Bay County</b> Party (if applicable) <b>Republican</b>	
5. Committee Street Address (street, city, state, zip code) <b>617 14th Street Bay City, MI 48708</b>		5a. Committee Mailing Address (if different from street address)	
6. Date Committee Was Formed Mo. <b>5</b> Day <b>8</b> Yr. <b>96</b>	8. Full Name and Mailing Address of Treasurer <b>Gregory A. Marciniak 805 E. Sherman Bay City MI 48708</b>		Area Code and Phone <b>(517) 893-0768</b>
7. Committee Area Code and Phone <b>(517) 893-8024</b>	9. Identify the person who will be responsible for the committee's records and Campaign Statement filings. If committee's treasurer will handle these responsibilities, leave this item blank. Name <b>Same</b> Mailing Address _____ Area Code/Phone _____		
10. REPORTING WAIVER SECTION <input type="checkbox"/> The Committee does NOT expect to receive or expend in excess of \$1,000.00 in an election.			
11. Names and addresses of depositories or intended depositories of committee funds (list both official depository and any secondary depositories). <b>First of America</b>		12. This item applies only to a gubernatorial Candidate Committee. <input type="checkbox"/> Check if this committee intends to seek qualifying contributions for public funding.	
13. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement, and that the contents are true, accurate and complete to the best of my/our knowledge or belief.			
Treasurer <b>Gregory A. Marciniak</b> / <b>Gregory A. Marciniak</b> Type or Print Name Signature		Date <b>5/8/96</b> Mo. Day Year	
Candidate <b>Dennis W. Banaszak</b> / <b>Dennis W. Banaszak</b> Type or Print Name Signature		Date <b>5/8/96</b> Mo. Day Year	
14. FOR OFFICEHOLDERS' USE ONLY (Complete only if you have established an Officeholder Expense Fund)			
14a. Full Name and Address of Officeholder Expense Fund	14b. Full Name and Address of Treasurer of Officeholder Expense Fund	14c. Officeholder Expense Fund Depository Name and Address	



# STATEMENT OF ORGANIZATION FOR CANDIDATE COMMITTEE

MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

TYPE OR PRINT CLEARLY. AN AMENDMENT TO THIS FORM MUST BE FILED IF INFORMATION PRESENTED ON THE FORM CHANGES. SEE INSTRUCTIONS ON REVERSE FOR UPDATING PROCEDURES.

1. Committee Identification No. <b>15 0053</b>		3. Type of Filing <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment to Item(s) Date Change Took Place Month _____ Day _____ Year _____	
2. Full Name of Committee <b>Committee to elect Banaszak District 7 County Commissioner</b>		County of Residence <b>Bay County</b> Party (if applicable) <b>Republican</b>	
4. Candidate Name <b>Dennis W. Banaszak</b> Office Sought (include district or jurisdiction served) <b>7th District County Commissioner</b>		5a. Committee Mailing Address (if different from street address)	
5. Committee Street Address (street, city, state, zip code) <b>617 14th Street Bay City, MI 48708</b>			
6. Date Committee Was Formed Mo. <b>5</b> Day <b>8</b> Year <b>96</b>	8. Full Name and Mailing Address of Treasurer <b>Gregory A. Marciniak</b> <b>805 E. Sherman</b> <b>Bay City MI 48708</b> Area Code and Phone <b>(517) 893-0768</b>		
7. Committee Area Code and Phone <b>(517) 893-8024</b>			
9. Identify the person who will be responsible for the committee's records and Campaign Statement filings. If committee's treasurer will handle these responsibilities, leave this item blank. Name <b>Same</b> Mailing Address _____ Area Code/Phone _____			
10. REPORTING WAIVER SECTION <input type="checkbox"/> The Committee does NOT expect to receive or expend in excess of \$1,000.00 in an election.			
11. Names and addresses of depositories or intended depositories of committee funds (list both official depository and any secondary depositories). <b>First USA America</b>		12. This item applies only to a gubernatorial Candidate Committee. <input type="checkbox"/> Check if this committee intends to seek qualifying contributions for public funding.	
13. Verification: (We) certify that all reasonable diligence was used in the preparation of the above statement, and that the contents are true, accurate and complete to the best of my/our knowledge or belief.			
Treasurer <b>Gregory A. Marciniak</b> / <b>Gregory A. Marciniak</b> Type or Print Name Signature		Date <b>5/8/96</b> Mo. Day Year	
Candidate <b>Dennis W. Banaszak</b> / <b>Dennis W. Banaszak</b> Type or Print Name Signature		Date <b>5/8/96</b> Mo. Day Year	
14. FOR OFFICEHOLDERS' USE ONLY (Complete only if you have established an Officeholder Expense Fund)			
14a. Full Name and Address of Officeholder Expense Fund	14b. Full Name and Address of Treasurer of Officeholder Expense Fund	14c. Officeholder Expense Fund Depository Name and Address	

USE ONLY

FILING DATE 1 / 1  
RECEIVED BY \_\_\_\_\_  
NO. OF PETITION SHEETS 1500 53

Name DENNIS WILLIAM BANASZAK  
(Print or Type)  
Residence Address 617 14th STREET BAY CITY MI 48708  
(Street Address) (Post Office) Zip Code  
☒ City of or ☐ Township of BAY CITY  
County of BAY Precinct No. 1 Ward No. 3  
Resident of County for 37 years. Resident of Michigan for 37 years.

I am registered and qualified to vote at this address: ☒ Yes ☐ No

Birthdate 10/10/58

Phone Number (517) 893-8024  
Business Number (517) 686-8850

☐ I have ☒ I have not changed my name within the past 12 years.

If you have, enter former name here: \_\_\_\_\_

(Does not apply to change of name through marriage. See reverse side.)

OFFICE SOUGHT: COUNTY COMMISSIONER District No. (if any) 7th

☒ Partisan Office Ticket REPUBLICAN ☐ Non-Partisan Office

DATE OF ELECTION: Primary 8 1061 96 General 11 1051 96

TERM: ☒ Regular ☐ To Fill Vacancy Ending \_\_\_\_\_ Other \_\_\_\_\_

JUDICIAL CANDIDATES ONLY: ☐ Incumbent Position ☐ Non-Incumbent Position ☐ New Judgeship  
(See reverse side.)

FILING INCLUDES THE FOLLOWING DOCUMENTS:

☒ Nominating Petitions Estimated No. of signatures 60

☐ Destroy petitions in January.  
☒ Return petitions in January.

\_\_\_\_ Filing Fee of \$ \_\_\_\_\_  
\_\_\_\_ Affidavit of Constitutional Qualification (Judicial candidates filing petitions only.)  
\_\_\_\_ Affidavit of Change of Name (See reverse side.)  
\_\_\_\_ Affidavit of Candidacy (Judicial Incumbents only.)  
\_\_\_\_ Certification of Nomination by Party Convention and Certificate of Acceptance.

PRINT NAME BELOW AS YOU WISH IT TO APPEAR ON BALLOT:

DENNIS W. BANASZAK  
(Nicknames / titles not permitted.)

By signing this affidavit, I swear the statements made above are true.

SIGNATURE OF CANDIDATE: Dennis W. Banaszak

Subscribed and sworn before me this

29th day of April 19 96

Patricia A. Weiss  
Signature of Notary Public

Name of Notary PATRICIA A. WEISS

County BAY

Comm. Expires 4-9-97

(Type, Print or Stamp)

Authority granted under Public Act 394 of 1984

# STATEMENT OF ORGANIZATION FOR CANDIDATE COMMITTEE

MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

Type or Print Clearly

1. Committee Identification No. <div style="font-size: 2em; font-family: cursive;">14167 (150053)</div>		3. Type of Filing <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment to Item(s) _____ Date Change Took Place <div style="display: flex; justify-content: space-between;"> <span>Month</span> <span>Day</span> <span>Year</span> </div>	
2. Full Name of Committee DENNIS BANASZAK FOR 3rd WARD CITY COMM		4. Candidate Name DENNIS BANASZAK Office Sought (include district or jurisdiction served) 3rd WARD CITY COMMISSIONER	
5. Committee Street Address (street, city, state, zip code) 306 S. Farragut Bay City, MI 48708		5a. Committee Mailing Address (if different from street address)  	
6. Date Committee Was Formed Mo. May 20, 1993 Yr.	8. Full Name and Mailing Address of Treasurer DENNIS BANASZAK 306 S. Farragut Bay City, MI 48708		
7. Committee Area Code and Phone 517 893-8024	9. Identify the person who will be responsible for the committee's records and Campaign Statement filings. If committee's treasurer will handle these responsibilities, leave this item blank. Name _____ Mailing Address _____ Area Code _____ Phone _____		
10. REPORTING WAIVER SECTION <input type="checkbox"/> The Committee does NOT expect to receive or expend in excess of \$1,000.00 in an election.			
11. Names and addresses of depositories or intended depositories of committee funds (list both official depository and any secondary depositories). SECOND NATIONAL BANK S. WASHINGTON BAY CITY, MI 48708		12. This item applies only to a gubernatorial Candidate Committee. <input type="checkbox"/> Check if this committee intends to seek qualifying contributions for public funding.	
13. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement, and that the contents are true, accurate and complete to the best of my/our knowledge or belief.			
Treasurer DENNIS BANASZAK Type or Print Name		Date May 20, 1993 Mo. Day Year	
Candidate DENNIS BANASZAK Type or Print Name		Date May 20, 1993 Mo. Day Year	
14. FOR OFFICEHOLDERS' USE ONLY (Complete only if you have established an Officeholder Expense Fund)			
14a. Full Name and Address of Officeholder Expense Fund	14b. Full Name and Address of Treasurer of Officeholder Expense Fund	14c. Officeholder Expense Fund Depository Name and Address	



# STATEMENT OF ORGANIZATION FOR CANDIDATE COMMITTEE

MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

Type or Print Clearly

1. Committee Identification No. <b>14167</b>		3. Type of Filing <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment to Item(s) Date Change Took Place Month _____ Day _____ Year _____	
2. Full Name of Committee <b>DENNIS BANASZAK FOR 3rd WARD CITY COMM</b>		4. Candidate Name <b>DENNIS BANASZAK</b> Office Sought (include district or jurisdiction served) <b>3rd WARD CITY COMMISSIONER</b> County of Residence <b>BAY</b> Party (if applicable)	
5. Committee Street Address (street, city, state, zip code) <b>306 S. Farragut</b> <b>Bay City, MI 48708</b>		5a. Committee Mailing Address (if different from street address)	
6. Date Committee Was Formed Mo. <b>May</b> Day <b>20</b> , Yr. <b>1993</b>	8. Full Name and Mailing Address of Treasurer <b>DENNIS BANASZAK</b> <b>306 S. Farragut</b> <b>Bay City, MI 48708</b> Area Code and Phone		
7. Committee Area Code and Phone <b>517 893-8024</b>		9. Identify the person who will be responsible for the committee's records and Campaign Statement filings. If committee's treasurer will handle these responsibilities, leave this item blank. Name _____ Mailing Address _____ Area Code/Phone _____	
<b>10. REPORTING WAIVER SECTION</b> <input checked="" type="checkbox"/> The Committee does NOT expect to receive or expend in excess of \$1,000.00 in an election.			
11. Names and addresses of depositories or intended depositories of committee funds (list both official depository and any secondary depositories). <b>SECOND NATIONAL BANK</b> <b>S. WASHINGTON</b> <b>BAY CITY, MI 48708</b>		12. This item applies only to a gubernatorial Candidate Committee. <input type="checkbox"/> Check if this committee intends to seek qualifying contributions for public funding.	
13. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement, and that the contents are true, accurate and complete to the best of my/our knowledge or belief. Treasurer <b>DENNIS BANASZAK</b> Signature <i>Dennis Banaszak</i> Date <b>May 20, 1993</b> Candidate <b>DENNIS BANASZAK</b> Signature <i>Dennis Banaszak</i> Date <b>May 20, 1993</b>			
<b>14. FOR OFFICEHOLDERS' USE ONLY</b> (Complete only if you have established an Officeholder Expense Fund)			
14a. Full Name and Address of Officeholder Expense Fund	14b. Full Name and Address of Treasurer of Officeholder Expense Fund	14c. Officeholder Expense Fund Depository Name and Address	